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Key # 30-19-1

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 586041 CERTIFICATE OF DEATH State No. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED--NAME (First, Middle, Last) Claradine Brown 2. SEX Female 3a. TIME OF DEATH 6:35 P M 3b. DATE OF DEATH (Month, Day, Yr.) February 09, 2004

DECEDENT

4. *SOCIAL SECURITY NUMBER 406-36-2489 5a. AGE--Last Birthday (Years) 74 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Mo. Day, Yr) April 14, 1929 7. BIRTHPLACE (City and State or Foreign Country) Ohio County, Kentucky

PARENTS

18. FATHER'S NAME (First, Middle, Last) Clyde Boyd 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Cessna

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Conrad L. Brown 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 612 W. 143rd Street East Chicago, Indiana 46312 20c. Relationship Husband

DISPOSITION

21a. METHOD OF DISPOSITION Entombment Burial X Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 13, 2004 Chapel Lawn Memorial Gardens 21c. LOCATION--City or Town, State Schererville, Indiana

CAUSE OF DEATH

22a. EMBALMER'S NAME Jeffery N. Sachs 22b. EMBALMER'S LICENSE NO. FD29800086 23. WAS DEATH REPORTED TO CORONER? X No Yes 24. SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b. LICENSE NUMBER (of Licensee) FD08700086 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home 8178 Cline Avenue, Schererville, Indiana, 46375 26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): b. c. d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Acute Respiratory Distress Syndrome Carcinomatosis 27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No 28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No

CERTIFIER

29a. CERTIFIER (Check only one) X CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

HEALTH OFFICER

29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c. MEDICAL LICENSE NO. 01035700 29d. DATE SIGNED (Month, Day, Year) 2-12-04 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MOISETO SILVERMAN 3641 BRIDGE RD HIGHLAND, IN 31. HEALTH OFFICER'S SIGNATURE Dr. Timothy Raybourn 32. DATE FILED (Month, Day, Year) 2/12/04

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED FEB 25 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR 34e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify) 34f. LOCATION (City or Town, State) 34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

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